MULTIPLE D NDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

			NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER		AFTER 2 AMENDMENT	
	ĮND.	DEP.	IND.	DEP.	IND.	DEP.] []	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52				ļ		
3	 	$\mathcal{O}_{\mathcal{I}}$				_	53			ļ.,			
5		(g).					54 55						
6	 	1/2					56						
7							57						
8		B					58						
9							59) 9		
10		(4)					60						
11							61						
12 13							62						
14		SA -				_	64						
15							65						
16		PN					66						
17		Ÿ					67						
18		•					68						
19							69						
20							70 71						
22							72						
23	 						73	 f				-	
24							74						
25							75]			
26							76						
27							77 78						
28 29							79						
30							80		·				
31							81		- 1				
32							82						
33							83						
34							84 85						
35 36						•	86						
37							87						
38				- 24			88						
39							89						
40							90						
41					-		91 92						
42					7		93	-	- 5			17	
43				i	-	_	94		<u> </u>				
45							95						
46							96						
47							97						
48							98			\longrightarrow			
49							99 100						
50 TOTAL IND.	- , 	#		4		+	TOTAL IND.		#		#		+
OTAL DEP.	17	← [+		4	TOTAL DEP.		4		+		4
TOTAL CLAIMS	18						TOTAL CLAIMS						
PTO - 1360	(REV. 11/04)								LS. DEPARTS				